



**Department of Health & Human Services**

# **Consumer Protections & Safeguards – Step 2**

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Handouts: Ombudsman Draft Description, Continuity of Care Provisions, What You Need to Know Draft, NH Family Voices Managed Care Supplement, Education & Training Plan

# DHHS Considerations

## Step 2 Implementation

- Stakeholder engagement
- Alignment of payment structures with MLTSS program goals
- Comprehensive and integrated service package
- Enhanced provision Home & Community Based Services
- Adequate planning & transition strategies
- **Support for consumers**
  - Person centered processes
  - Qualified providers
- **Participant protections**
- Quality

Camille Dobson, Deputy Executive Director, National Association of States United for Aging & Disabilities, May 21, 2015 NH DHHS Presentation.

# Commission Consumer Protection Subgroup

## Members

- Gus Moral, Independent Services Network
- Ken Norton, NAMI New Hampshire
- Kathy Sgambati, Governor's Office

## 7/9/15 MCM Meeting

- Accessible, understandable information for clients rights and responsibilities
- User-friendly problem resolution system

# Consumer Protection Priorities

## Commission Subgroup

- Accessible, widely distributed, understandable information on resolution system. Education & outreach to enrollees on grievance & appeal rights, the state fair hearing process, and rights/responsibilities.
- Resolution system 1.) adequately trains managed care employees, 2.) records and measures all complaints, 3.) leads to prevention and an increase in participant satisfaction. Includes an Ombudsman, conflict free access point, for complaints and concerns about enrollment, covered services, & other related matters.
- Complaints should include items that do not rise to a level of grievance and allow the participant “not to give up.”

# CMS LTSS Proposed Rules Beneficiary Support System

1. An access point for complaints and concerns about enrollment, access to covered services, and other related matters;
2. Education on enrollees' grievance and appeals rights, the state fair hearing process, and rights and responsibilities;
3. Assistance, upon request, in navigating the grievance and appeal process and appealing adverse benefit determinations made by a plan to a state fair hearing; and
4. Review and oversight for LTSS program data to assist the state Medicaid Agency on identification and resolution of systemic issues.

The proposed scope of services for the LTSS beneficiary supports may include what has traditionally been considered “ombudsman” services ...

# 1915 (c) Choices for Independence Waiver Amendment – Safeguards

- **Choice Counseling & Education** for enrollment – DHHS ServiceLink and Client Services
- **Continuity of Care** – Year 1, MCOs must honor a recipient's current authorization until the expiration date or needs change; any reductions to services must be approved by DHHS. If service authorization specifies a provider, the MCO will continue to use that provider whether or not the provider is participating in the MCO network.

## Safeguards – cont'd.

- **Option to Switch Plan** – 90 days for participant to change plan
- **Robust Incident & Complaint Reporting** – Developing a critical incident management system with pathways for reporting known to all entities and data reporting for system issue resolution
- **Appeal Process & Services** -- Allowing for the continuation of services while appeals are pending
- **Ombudsman** – Independent resource to help participant understand rights, responsibilities, & how to navigate a dispute with the managed care plan or state

# Key Elements – Expanding System

- **Complaint Process** -- Process in place and continued outreach/education to participants through DHHS and MCOs. Ongoing training for MCOs.
- **What You Need to Know** -- Easy to understand document outlines the complaint, appeal, and State Hearing process and consumer rights – input from Commission and MCAC (for Step 2, Phase I and to be expanded for Phase II)
- **1915 (c) CFI Waiver Amendment, Appendix G** -- Participant Safeguards – Incident and complaint reporting system, with measurable data, in development; expands current complaint process.
- **Ombudsman** -- Job description and organizational options being considered with input from Commission and Medicaid Care Advisory Committee (MCAC). DHHS recognizes that it must create & maintain a permanent system of consumer supports to assist enrollees through the complaint process

# Protections + Safeguards = Readiness

- Robust protections & monitoring the transition & ongoing operation of CFI MLTSS programs are critical.
- DHHS is expanding current problem resolution system with Ombudsman capacity, improved education and outreach with understandable materials for clients, and an incident/complaint reporting system in design/development.
- Seniors and those with disabilities are at greater risk of abuse, neglect, and exploitation, and health disparities. Their protection and safety are at the center of readiness decisions.
- Solicitation and consideration of stakeholder input is key! DHHS will listen to concerns; either incorporate or explain why not feasible/practical.